

and under supervision of medical provider and trained personnel".¹²

In summary, tDCS is a simple, low-cost technique that has robust safety and tolerance with an emerging evidence base for its efficacy in select psychiatric conditions. Systematic, large-sample, multisite studies need to test these preliminary findings; concurrently, studies should address neuroethical (eg, safety of long-term use, application for cognitive enhancement in healthy population, use in vulnerable populations such as children, pregnant women) and regulatory challenges associated with tDCS to evolve best practice guidelines. Together, these actions might facilitate translation of tDCS to clinical services in psychiatry.

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Rights-based mental health care

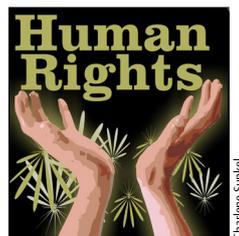
There has been a renewed focus and commitment on rights-based mental health care in 2018. This move is most welcome, while fully recognising that a lot more action is needed on this front in all countries.

Historically, as psychiatry made the claim for parity between treatment for mental and physical illnesses, it marshalled arguments to find similarities between the two with the result that the biomedical approach received preference over other approaches. The medical model focuses on the person's impairment and looks at the individual as the problem rather than more widely at the environment and society. The social model, developed as a reaction to the inadequacy of the biomedical model, places an emphasis on the social needs of the person and on barriers erected by society, which prevent people with disabilities from being able to participate fully in day-to-day life. The human rights model recognises that all people with disabilities are rights holders; therefore, the human rights perspective requires society,

particularly governments, to actively promote necessary conditions for all individuals to fully realise their rights. The comprehensive approach to mental health recognises the medical, social, and human rights models as an integrated response to mental health, to which people with lived experience are able to add value in the design, implementation, monitoring, and evaluation of services. Furthermore, peer support offers a fundamental discipline to the mental health workforce.

The year of 2018 saw several major advancements in rights-based mental health care; on political commitment and on scientific consensus.

The UK Government organised the first Global Ministerial Mental health summit in October, 2018, attended by 15 ministers and more than 500 delegates from more than 60 countries. The Summit adopted a declaration that committed the participants to promoting "the inclusion and respect for the human rights of persons with mental disorders and other



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mental health conditions in all aspects of life and throughout the lifecycle.¹ These ministerial summits are planned to be hosted every year, with the next in The Netherlands.

Another important political consensus was the Declaration of Astana from the Global Conference on Primary Health Care²—reaffirming the highest attainable level of health as a fundamental right of every person, mental health being explicitly included. The Declaration commits to strengthening Primary Health Care as the most inclusive, effective, and efficient approach to enhance people’s physical and mental health, as well as social wellbeing and posits primary health care as a cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals.

On the scientific side, the *Lancet* Commission on Global Mental Health and Sustainable Development³ authored by 28 experts from all regions of the world and launched in 2018, has taken this argument forward in two significant ways. First, it has proposed a reframing of mental health with a dimensional approach so that the categorical and largely biomedical distinction between people who have a disorder versus those who do not is de-emphasised. The second is a clear recommendation to adopt a rights-based framework for mental health, which includes components such as mental health as a universal human right and also respecting the rights of people with psychosocial disabilities in conformity with the UN Convention on the Rights of People with Disabilities.⁴

However, all political commitments and scientific consensus will not make any difference to the lives of people living with mental disorders unless specific actions are taken and, on this front, the situation is far less optimistic. WHO’s latest figures show that the investments in mental health in countries remains poor⁵ and the gap between the burden and budgets remains

high especially for low-income and middle-income countries.⁵ The number of health-care providers for mental health remains extremely inadequate in most countries and any increase is very modest.⁵

What can be done to take forward the objective of rights-based mental health care to all? First and foremost, people with lived experience of mental health conditions need to be part of all decision making at global, national, and local levels. They will eventually be the best protectors of the rights for themselves. We also need to use tools and instruments to advance rights-based care and identify areas where urgent action is required. WHO’s Quality Rights toolkit⁶ is one such instrument that is being used increasingly with positive effect. Lastly, independent global and national monitoring mechanisms need to be established, since transparent, reliable, and comparable information and evidence will go a long way in improving the situation. The *Lancet* Commission has proposed establishment of such a global mechanism. The next few years are crucial to provide rights-based care to those who do not have any.

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Why does psychiatry continue to ignore the problem of chronic pain?

Chronic widespread pain is the most common complaint presented to health professionals worldwide, with a prevalence of 10–15%.¹ When such pain is driven

primarily by psychosocial factors, the DSM-5 diagnosis of somatic symptom disorder can be used.² Somatic symptom disorder is more flexible as a construct than